



# Equipment Leasing Application

Milestone Trailer Leasing, LLC dba Personal Attention Leasing

**Billing Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Other Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Applicant Full Legal Name</b>	Phone No.	Fax No.
Company Headquarters Office Address (Street Name, City, State, ZIP)		<b>Tax ID Number</b>
Mailing Address	Email Address	

Corporation     LLC     Partnership     Sole Proprietorship    State of Organization \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

<b>Years in Business/Year started:</b>	<b>No. of Employees:</b>	<b>Annual Revenue \$</b>	<b>Dunn &amp; Bradstreet #</b>
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Have you ever filed bankruptcy: \_\_\_\_\_  
Nature/Type of Business you engage in: \_\_\_\_\_

Geographic Markets served: \_\_\_\_\_

**Tax Exempt:** \_\_\_\_\_ **(attach exemption certificate(s))**

Types of Products Hauled or Industries served: \_\_\_\_\_  
Will payments originate from non U.S. locations? If yes, list the countries in which the payments will originate from. **(Required for trailers)**

<b>Purpose:</b>	<input type="checkbox"/> New Equipment Purchase	<input type="checkbox"/> Growth
	<input type="checkbox"/> Used Equipment Purchase	<input type="checkbox"/> Replacement
		<input type="checkbox"/> Refinance

Approx. delivery date: \_\_\_\_\_

**Equipment Description** (include model year, if used) \_\_\_\_\_

<b>Insurance Agent (Liability &amp; Property)</b>	Phone No.	Policy Number:
Type of Insurance: (Scheduled or Auto)      Expiration Date	Type of Liability (Auto and/or General)	
Self-Insured: (if yes, please provide letter on co. letterhead)		

**Legal Owner/Guarantor Information** (Complete this section for all owners with 25% or more in company ownership)

Legal Owner/Guarantor			% Co. Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Tax ID No. / SSN	Date of Birth
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		State of Organization	Country of Citizenship
Legal Owner/Guarantor			% Co. Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Tax ID No. / SSN	Date of Birth
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		State of Organization	Country of Citizenship
Legal Owner/Guarantor			% Co. Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	Tax ID No. / SSN	Date of Birth
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		State of Organization	Country of Citizenship

**Related Companies** (Please indicate affiliation. Ex: Subsidiary, Common Ownership)

Company Name	Affiliation	Activities conducted in <b>(Countries)</b>
Company Name	Affiliation	Activities conducted in <b>(Countries)</b>

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## Top Three Customers (Haul sources)

% sales	Name	Since	City, State
_____ % sales	_____	_____	_____
_____ % sales	_____	_____	_____
_____ % sales	_____	_____	_____

## Trade References

Supplier Name	Contact Name	Address	Phone No.	Fax No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Bank References

Bank	Business and/or Personal Acct No.	Contact Name	City/State:	Phone No.
_____	_____	_____	_____	_____
Operating Line with	Approved Amount	Outstanding Amount	Contact Name	Phone No.

Finance Companies (List your major creditors)

Fleet Statistics	Owned	Leased	Rented	Owner/Operators	Total	Average Age
Number of Trucks	_____	_____	_____	_____	_____	_____
Number of Trailers	_____	_____	_____	_____	_____	_____
		Average Annual Miles		Replacement Policy		Depreciation Policy
Trucks	_____	Miles	_____	Years	_____	Years
Trailers	_____	Miles	_____	Years	_____	Years
Current Aggregate Monthly Loan/Lease Payments	_____	\$	_____			
Current Aggregate Monthly Operating Lease Payments	_____	\$	_____			

**Would you like to obtain consent to use the trailers outside of the United States?  No  Yes (If yes, and the equipment will operate in Mexico, please complete questions 1-20 below.**

## Signatures

I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request. I further authorize you and/or entities to whom you refer this application to share this application and my information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.

**CUSTOMER AFFIRMATION:** I (we) affirm that all the information given to Personal Attention Leasing (PAL) is true and correct. I (we) agree to notify you immediately of any change in ownership. If credit is granted to me, I (we) agree to pay all the invoices within 30 days from date of invoice. If payment is not received within 61 days from the invoice date, a demand letter for return of all rental and or lease equipment will be sent via certified mail and the account will then go to our attorney for collection. In case of non-payment of any PAL invoices or default in any of the terms of any PAL lease agreements or other documents, I (we) agree to pay all interest charges and all reasonable attorney's fees and collection expenses including but not limited to all attorney fees associated with the bringing of any action by PAL to enforce the terms of the leases, this credit application, or any other document executed by the undersigned or individuals on behalf of the undersigned to induce PAL to lease equipment to the undersigned including but not limited to all bankruptcy and appellate attorney's fees and costs. The parties hereto agree and consent that a proper venue for any litigation arising out of or related to this agreement or the leases or other documents executed by the undersigned or authorized individuals on behalf of the undersigned to induce PAL to lease equipment to the undersigned shall be any court located in the County of Saint Charles in the State of Missouri in addition to all other venues allowable by law with PAL able to choose such venue at its convenience.

**PLEASE NOTE: If more than one Legal Owner/Guarantor is listed above, each Legal Owner/Guarantor must sign this application below.**

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Applicant's Signature	Printed Name	Title	Date
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Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.

## Mexican Cross Border Activity –please complete if equipment operates in Mexico

As a result of recently introduced Federal regulations, we have outlined additional questions for your fleet. Please answer these questions, as they are required for us to process your application.

- Does the Company pick up or deliver goods in Mexico?
  - Pick up only
  - Deliver only
  - Pick up and Deliver
  - Neither pick up nor deliver – If this is the case, you do not need to complete this form.
- Is Company C-TPAT certified?     No             Yes
- List the entities for which Company or its affiliates have carried goods in Mexico within the last 12 months: (attach list if necessary)
- Are any of Company's deliveries "less than truckload" (LTL)?     No  
 Yes → Describe the nature of your LTL business operation in Mexico?
- Company's trailers are pulled into Mexico by (Check all that apply):
  - Company's employee
  - An owner/operator hired by Company
  - Mexican trucking firm hired by Company
  - Mexican trucking firm hired by Company's customer
  - Other (please describe)
- For each type of hauler checked in Question 5, what kind of due diligence is completed by Company on the drivers/owner operators? (e.g. background checks)
- When a trailer that is owned, leased, operated or controlled by Company crosses the border into Mexico who takes the trailer from there?
  - An affiliate or employee of Company (if an affiliate, please set forth the name and address of such affiliate):
  - A Mexican carrier that is not an affiliate of Company
  - Other (please describe):
- What is the name and address of the Customs Broker used by Company with respect to shipments to and/or from Mexico?
- Is Company the owner of the Customs Broker listed in Question 8 or otherwise affiliated with the Customs broker through common ownership?  No  
 Yes. Explain the affiliation or relationship between the Company and Customs Broker:
- What percentage of Company's trailers may be in Mexico at any given time?
- What is the average length of time that a trailer owned, leased or controlled by Company remains in Mexico before returning to the U.S.?
- What is the longest period of time that a trailer owned, leased or controlled by Company has remained in Mexico before returning to the U.S.?
- Are the locations of Company's trailers tracked while they are in Mexico?
  - No             Yes. How are they tracked?

**If Company uses unrelated Mexican carriers, please answer questions 14-20:**

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14. Please provide a list of the carriers, their addresses, websites and whether or not they are C-TPAT certified.

Company Name	Address	Website	C-TPAT Certified
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Who decides which carrier in Mexico will be used for transportation services? (check all that apply)

Company  Company's Customer (if checked, answer Question #19)

16. Which party most frequently enters into the contract with the Mexican carrier?

Company  Company's customer

17. Does Company require these unrelated Mexican carriers to have a C-TPAT certification in order to use Company's trailers?  Yes  No

Yes

18. Does Company complete background checks on the Mexican carriers that use its trailers?

No  Yes. What information and documents are reviewed as part of such background checks?

19. If Company's customer decides which carrier to use in Mexico, what background check information is gathered and reviewed on said carrier? (attach list if necessary)

20. With which Mexican carriers does Company have Interchange Agreements?

The undersigned affirms under the penalties of perjury that response to the questions above are complete and accurate to the best of my knowledge.

Name and Title of the person completing this form: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_